



## GARAGE APPLICATION

### APPLICANT INFORMATION

Policy Period: From \_\_\_\_\_ Until \_\_\_\_\_

Business Trade Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Years this business entity has been in operation: \_\_\_\_\_

If less than 3 years, explain in detail prior experience and any Specialized Training or Certification

Business Entity ☐ Individual ☐ Partnership ☐ Corp ☐ LLC What is your Website address? \_\_\_\_\_

### GENERAL UNDERWRITING INFORMATION

#### 1. Describe Your Operations

##### Dealer

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Auction           | <input type="checkbox"/> RV Dealer         | <input type="checkbox"/> Other Description _____ |
| <input type="checkbox"/> Car Dealer        | <input type="checkbox"/> Truck Dealer      |  |
| <input type="checkbox"/> Com. Trailer Dlr. | <input type="checkbox"/> Wholesaler        |  |
| <input type="checkbox"/> Motorcycle Dealer | <input type="checkbox"/> With Salvage Yard |  |

##### Service

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Car Service/Repair | <input type="checkbox"/> Tire Sales/Svc     | <input type="checkbox"/> Other Description _____ |
| <input type="checkbox"/> Misc. Svc & Repair | <input type="checkbox"/> Tow Truck Operator |  |
| <input type="checkbox"/> Repossessors       | <input type="checkbox"/> Truck Svc/ Repair  |  |
| <input type="checkbox"/> Salvage Yard       | <input type="checkbox"/> Valet & Parking    |  |

##### Retail Sales

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Uninstalled Parts | <input type="checkbox"/> Accessories | <input type="checkbox"/> Clothing (List Gross Receipts on Page 4, Related Ops) |
|--|--------------------------------------|--|

#### 2. What percentage by type of vehicle do you sell or service? (\*Complete the additional Questionnaire)

Cars, Sport Utility, Pickups, Van _____ %	*Motorcycle & Off-road RV _____ %
*Commercial trucks & trailers _____ %	*Construction & Farming Equip. _____ %
Buses _____ %	*Salvage (used) Parts _____ %
*RV (Motorhome, Camping Trailer) _____ %	Watercraft (including Jet Skis) _____ %

3. Are you involved in any additional business operations other than what is described above: ☐ Yes ☐ No

#### 4. Locations where you conduct Garage Operations (include Zip Code)

- [1] \_\_\_\_\_
- [2] \_\_\_\_\_
- [3] \_\_\_\_\_
- [4] \_\_\_\_\_

Name	Date of Hire	D/L # & State	DOB	Violations & Accidents Last 5 Years	Status	Hours Worked	Auto Use	CDL Y/N

**List ALL Family members and non-family members (except customers) and indicate if they are furnished an auto for personal use OR if they may be provided an auto for regular use, but not regularly furnished:**

Name	DOB	D/L # & State	Will drive for or Work in business?	Relationship

**Status**

Class I - Employees/Regular Operators

1. Active Owners, Partners & Officers
2. Inactive Owners, Partners & Officers
3. Salesperson
4. Managers

Class I - All Other

5. Lot Person
6. Mechanic
7. Clerical
8. Contract Driver
9. Other \_\_\_\_\_

Class II - Non-Employees

10. Spouse of Owners, Partners & Officers
11. Children of Owners, Partners & Officers who are 14 years of age & older- licensed or not
12. Other: \_\_\_\_\_

**Hours Worked**

F = Full Time (Over 20 hours per week)  
P= Part Time (20 hours or less per week)  
N = Non-Employee

**Auto Use**

- A. Furnished a covered auto for business and personal use
- B. Uses a covered auto strictly for business use
- C. Does not drive a covered auto

5. What other businesses use your location(s): \_\_\_\_\_
6. Do you pick-up and deliver customers' vehicles? ☐ Yes ☐ No  
If yes, how many times per month? \_\_\_\_\_ and how far from your shop? \_\_\_\_\_ miles
7. How many Transporter Plates do you have? \_\_\_\_\_ How many times a week are they used? \_\_\_\_\_
8. Describe your theft barriers: ☐ None ☐ Natural ☐ Fence & Gate ☐ Post & Cable ☐ In Building
9. Where are vehicle keys kept when the lot or shop is closed? ☐ Key Cabinet ☐ Taken Home ☐ In/On the Vehicle
10. Prior Carrier and Loss History for 3 Years ☐ No Known Losses ☐ See Loss Runs

Current Carrier	_____	Policy Year	_____	Premium	_____
Prior Carrier	_____	Policy Year	_____	Premium	_____
Prior Carrier	_____	Policy Year	_____	Premium	_____

Date of Loss	Amount	Description of Loss and Driver Name (if any)
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#### SALES QUESTIONS

11. Who drives or transports vehicles to your lot? ☐ Insured/Employees ☐ Contract Drivers ☐ Transporter
12. Do you drive or transport newly acquired autos more than 300 road miles (50 miles for KS, KY, NJ, MD, ME or WV) from point of purchase to your lot? ☐ Yes ☐ No If yes, how many trips per year? \_\_\_\_\_ and how far one-way for longest trip? \_\_\_\_\_
13. How many vehicles do you sell per year? \_\_\_\_\_ How many of those are sold "sight unseen" over the internet? \_\_\_\_\_  
How many vehicles do you sell per year on consignment? \_\_\_\_\_ (attach Consignment Agreement)
14. Describe your theft barriers: ☐ None ☐ Natural ☐ Fence & Gate ☐ Post & Cable ☐ In Building
15. Where are vehicle keys kept when the lot is closed? ☐ Key Cabinet ☐ Taken Home ☐ In/On the Vehicle
16. How many dealer plates do you have? \_\_\_\_\_
17. Do you repossess vehicles? ☐ Yes ☐ No  
If "Yes", please explain: \_\_\_\_\_
18. Do you repair "salvaged titled" vehicles prior to sale? ☐ Yes ☐ No  
If "Yes", what percentages of repairs are: Structural \_\_\_\_\_ Mechanical \_\_\_\_\_ Cosmetic \_\_\_\_\_
19. Do you always ride along on test drives? ☐ Yes ☐ No

#### SERVICE QUESTIONS

20. What percentage of your work is:

Alignment		Oil & Lube		Upholstery		(If contracted with "auto club" attach copy of contract)  Describe below:
Body (not fiberglass		Radiator		Wash/Detail		
Fiberglass		Sound/Alarm System		Roadside Assistance		
Paint		Suspension/Frame		Custom/Fabrication		
Brakes		Tires				
Lift Kits		Trailer Hitches				
Engine Overhaul		Transmission				
Muffler		Tune Up				

21. Do you sell gasoline or LPG? ☐ Yes ☐ No If "Yes," is it ☐ Self-Service ☐ Full Service  
How many gallons? Gasoline \_\_\_\_\_ LPG \_\_\_\_\_
22. Do you own/service any vehicles involved in racing or exhibition events? \_\_\_\_\_ ☐ Yes ☐ No
23. If you paint, do you have a spray paint booth/room? \_\_\_\_\_ ☐ Yes ☐ No  
If "Yes," is booth/room ventilated? \_\_\_\_\_ ☐ Yes ☐ No  
If "Yes," is booth UL approved? \_\_\_\_\_ ☐ Yes ☐ No
24. Do you tow for hire? \_\_\_\_\_ ☐ Yes ☐ No  
If "Yes," complete the Tow Truck Operator Questionnaire.
25. If Tire Sales and/or Service (other than Motorcycle or Roadside Assistance) answer the following section:  
What percentage of your work is: Service only, no sales \_\_\_\_\_ New Tires \_\_\_\_\_ Used Tires \_\_\_\_\_ Specialty Tires \_\_\_\_\_  
Off Road \_\_\_\_\_ Racing \_\_\_\_\_ Construction Equip \_\_\_\_\_ Farm Equipment \_\_\_\_\_
- a. Describe in detail the tire service you provide: \_\_\_\_\_
- b. Do you sell new tires manufactured more than 3 years ago? ☐ Yes ☐ No
- c. When you sell less than a full set of 4 new tires do you always install them on the rear axle? ☐ Yes ☐ No
- d. Do you sell used tires manufactured more than 4 years ago, or with less than 4/32 of useable tread depth? ☐ Yes ☐ No
- e. Do you have a quality assurance program to prevent improper installation, faulty workmanship and mismatched tire sizes? ☐ Yes ☐ No
26. Describe your theft barriers: ☐ None ☐ Natural ☐ Fence & Gate ☐ Post & Cable ☐ In Building
27. Where are vehicle keys kept when the shop is closed? ☐ Key Cabinet ☐ Taken Home ☐ In/On the Vehicle

## COVERAGE REQUESTED

- ☐ Garage Liability Limit \$ \_\_\_\_\_ each accident, \$ \_\_\_\_\_ aggregate  
☐ Add Broadened Coverages - Garage  
☐ Additional Insured & Why  
☐ Add Liability for these Related (non garage) Operations Gross Receipts \$ \_\_\_\_\_  
Operations \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_ Operations \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_
- ☐ Garagekeepers Limit \$ \_\_\_\_\_ per location ☐ Basis ☐ Legal Liability ☐ Primary  
☐ SCL or ☐ Comp \$ \_\_\_\_\_ Ded ☐ Coll \$ \_\_\_\_\_ Ded  
☐ Value per Auto \$ \_\_\_\_\_ ☐ In-Transit Limit per auto \$ \_\_\_\_\_
- ☐ Dealers Physical Damage Limit \$ \_\_\_\_\_ per location  
☐ SCL or ☐ Comp \$ \_\_\_\_\_ Ded ☐ Coll \$ \_\_\_\_\_ Ded  
☐ Value per Auto \$ \_\_\_\_\_ ☐ Drive-Away Road Miles \_\_\_\_\_  
Type of vehicles: ☐ New ☐ Used  
Interests Covered: ☐ Owner ☐ Owner & Creditor ☐ Consignment  
Loss Payee \_\_\_\_\_
- ☐ Specifically Described Autos (use ACORD 127 for additional vehicles):

**VEHICLE SCHEDULE**

Auto #	Year	Make	Vin	Stated Amount

Auto #	GVW	Use	Radius	Loss Payee

☐ Medical Payments Limit \$ \_\_\_\_\_ ☐ Premises Only ☐ Combined

☐ Fire Legal Liability \$50,000 or \$ \_\_\_\_\_

☐ Commercial Property (attach ACORD 140 **and** TRIA2002Notice)

**AVAILABLE FOR DEALERS AND/OR SCHEDULED AUTOS ONLY:**

☐ Uninsured Motorists \$ \_\_\_\_\_ (Signed State form selecting or rejecting coverage is required)

☐ Personal Injury Protection \$ \_\_\_\_\_ (Signed State form selecting or rejecting coverage is required)

Remarks: \_\_\_\_\_

\*Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\*Not applicable in all States

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Agency Name \_\_\_\_\_

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_